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Bib Data Sheet

CONFIRMATION NO. 2566

SERIAL NUMBER 09/120,763	FILING OR 371(c) DATE 07/22/1998 RULE	CLASS 380	GROUP ART UNIT 2131	ATTORNEY DOCKET NO. ETZEL-5-3-11
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## APPLICANTS

MARK H. ETZEL, HARVARD, MA;  
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 DANIEL NELSON HEER, NEWTON, NH;  
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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/053,412 07/22/1997  
 and claims benefit of 60/054,018 07/29/1997

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 8	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

30593

## TITLE

METHODS AND APPARATUS FOR ENHANCED CMEA INCLUDING A CMEA ITERATION PRECEDED AND FOLLOWED BY TRANSFORMATIONS AND EMPLOYING AN INVOLUNTARY LOOKUP

FILING FEE RECEIVED 1002	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/120,763	07/22/98	380	3642	ETZEL-5-3-11

APPLICANT MARK H. ETZEL, HARVARD, MA; ROBERT JOHN FRANK, SILVER SPRING, MD;  
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 SEMYON B. MIZIKOVSKY, MORGANVILLE, NJ; ROBERT JOHN RANCE, ANDOVER, MA;  
 R. DALE SHIPP, COLUMBIA, MD.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/053,412 07/22/97  
 PROVISIONAL APPLICATION NO. 60/054,018 07/29/97

JAS

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

None

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

None

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 8	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
Verified and Acknowledged <u>JAS</u> Examiner's Initials	Initials				

ADDRESS	PETER H PRIEST 529 DOGWOOD DRIVE CHAPEL HILL NC 27516
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TITLE	METHODS AND APPARATUS FOR ENHANCED CMEA INCLUDING A CMEA ITERATION PRECEDED AND FOLLOWED BY TRANSFORMATION AND EMPLOYING AN INVOLUNTARY LOOKUP
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FILING FEE RECEIVED \$1,002	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/120,763	07/22/98	380	2767	ETZEL-5-3-11

APPLICANT  
 MARK H. ETZEL, HARVARD, MA; ROBERT JOHN FRANK, SILVER SPRING, MD;  
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 R. DALE SHIPP, COLUMBIA, MD.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/053,412 07/22/97  
JWS PROVISIONAL APPLICATION NO. 60/054,018 07/29/97

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

None

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

JWS

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 8	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
Verified and Acknowledged <u>Examiner's initials</u>	<u>Sol JWS</u> Initials				

ADDRESS  <u>PETER H PRIEST</u> 529 DOGWOOD DRIVE CHAPEL HILL NC 27516	<u>Customer</u>  <u># 30594</u>
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TITLE  METHODS AND APPARATUS FOR ENHANCED CMEA INCLUDING A CMEA ITERATION PRECEDED AND FOLLOWED BY TRANSFORMATIONS AND EMPLOYING AN LOOKUP
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FILING FEE RECEIVED  \$1,002	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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